



TFW

Docket No.: LU05004USU (Akkerman 1-51)
Serial No.: 10/701,183

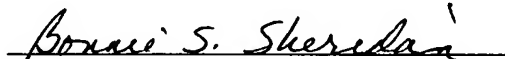
IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT: Akkerman et al. DOCKET NO.: LU05004USU
SERIAL NO.: 10/701,183 GROUP ART UNIT: 2813
DATE FILED: November 4, 2003 EXAMINER: Nguyen, Thanh T.
CONFIRMATION NO.: 5025

TITLE: DEVICES HAVING LARGE ORGANIC SEMICONDUCTOR CRYSTALS AND
METHODS OF MAKING THE SAME

I hereby certify that this correspondence is being deposited with
the United States Postal Service as first class mail in an envelope
addressed to the Commissioner for Patents, P.O. Box 1450,
Alexandria, VA 22313-1450 on December 1, 2006.

December 1, 2006


Bonnie S. Sheridan

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT TRANSMITTAL

Sir:

Transmitted herewith is an Amendment under 37 CFR § 1.112 for this application.

STATUS

Applicant is other than a small entity.

EXTENSION OF TIME

The proceedings herein are for a patent application and the provisions of 37 CFR § 1.136 apply. It is believed that no extension of time is required.

No additional fee for extension of time is required.

However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

FEE FOR CLAIMS

The fee for claims (37 CFR § 1.16(b)-(d)) has been calculated as shown below:

	(Col. 1)		(Col. 2)	(Col. 3)	Other than a small entity	
	Claims remaining after amendment		Highest no. previously paid for	Present extra	Rate	Additional fee
Total	20	minus	20	= 0	x \$50 =	\$0
Indep.	03	minus	04	= 0	x \$200 =	\$0
First presentation of multiple dependent claim					+ \$360 =	\$0
TOTAL ADDITIONAL FEE						\$0

* If the entry in column 1 is less than the entry in Col. 2, enter "0" in Col. 3.

** If the "Highest no. previously paid for" in Col. 2, Row 1 is less than 20, enter "20".

*** If the "Highest no. previously paid for" in Col. 2, Row 2 is less than 3, enter "3".

The "Highest no. previously paid for" (Total or Indep.) is the highest number found in the appropriate box in Col. 1 of a prior amendment of the number of claims originally filed.

No additional fee for claims is required.

FEE DEFICIENCY

If any additional extension and/or fee is required, please charge Deposit Account No. 50-2542.

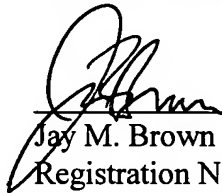
If any additional fee for claims is required, please charge Deposit Account No. 50-2542.

Respectfully submitted,

THE ECLIPSE GROUP LLP

Date: December 1, 2006

By:



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